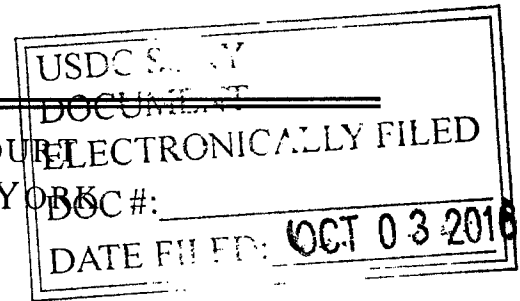


UNITED STATES DISTRICT COURT
SOUTHERN DISTRICT OF NEW YORK



Tyrone Hurt

(List the full name(s) of the plaintiff(s)/petitioner(s).)

16 CV 7088 (CM) ()

-against-

NOTICE OF APPEAL

Donald Trump, Republican nominated
for the President of the United States

(List the full name(s) of the defendant(s)/respondent(s).)

RECEIVED
2016 OCT -3 AM 10:39
U.S. COURT OF APPEALS
SECOND CIRCUIT

Notice is hereby given that the following parties: Tyrone Hurt

(List the names of all parties who are filing an appeal)

in the above-named case appeal to the United States Court of Appeals for the Second Circuit

from the ☐ judgment ☒ order entered on: 9/13/16

(date that judgment or order was entered on docket)

that:

ORDER to dismiss

(If the appeal is from an order, provide a brief description above of the decision in the order.)

9/20/16

Dated

Signature

Hurt Tyrone, CM

Name (Last, First, MI)

422 Chesapeake St. S.E. #33 W. D.C. : 20032

Address

City

State

Zip Code

(202) 758-6432

Telephone Number

422 Chesapeake St. S.E. #33 W. D.C. : 20032

E-mail Address (if available)

* Each party filing the appeal must date and sign the Notice of Appeal and provide his or her mailing address and telephone number, EXCEPT that a signer of a pro se notice of appeal may sign for his or her spouse and minor children if they are parties to the case. Fed. R. App. P. 3(c)(2). Attach additional sheets of paper as necessary.

UNITED STATES DISTRICT COURT
SOUTHERN DISTRICT OF NEW YORK

Tyrone Holt

(List the full name(s) of the plaintiff(s)/petitioner(s).)

16 CV 7088 (CM)()

-against-

Donald Trump, Republican Nominee
for the President of the United States

(List the full name(s) of the defendant(s)/respondent(s).)

**MOTION FOR LEAVE TO
PROCEED IN FORMA
PAUPERIS ON APPEAL**

I move under Federal Rule of Appellate Procedure 24(a)(1) for leave to proceed *in forma pauperis* on appeal. This motion is supported by the attached affidavit.

9/20/16

Dated

Signature

Tyrone Holt

Name (Last, First, MI)

Holt, Tyrone (MI)

Address

City

State

Zip Code

Telephone Number

E-mail Address (if available)

422 Chesapeake St. #33: W.D.C. 20032

(202) 258-6432

422 Chesapeake St. #33: W.D.C.
20032

Application to Appeal In Forma Pauperis

Ti Arab v. Donald Trump

Appeal No. _____

District Court or Agency No. 16-cv-7088

Affidavit in Support of Motion

I swear or affirm under penalty of perjury that, because of my poverty, I cannot prepay the docket fees of my appeal or post a bond for them. I believe I am entitled to redress. I swear or affirm under penalty of perjury under United States laws that my answers on this form are true and correct. (28 U.S.C. § 1746; 18 U.S.C. § 1621.)

Signed: Supreme Court

Instructions

Complete all questions in this application and then sign it. Do not leave any blanks: if the answer to a question is "0," "none," or "not applicable (N/A)," write that response. If you need more space to answer a question or to explain your answer, attach a separate sheet of paper identified with your name, your case's docket number, and the question number.

Date: 9/20/16

My issues on appeal are: (required): whether the court order entered in the order to 9/13/16, dismissing the complaint, was an abuse of discretion and has been inconsistent with the U.S. Constitution (11th Cir. 11778), and 10th, 11th Cir. to apply the same clear, should apply, 11th Cir. 11778, 11th Cir. 1128, 11th Cir. 11778)

1. For both you and your spouse estimate the average amount of money received from each of the following sources during the past 12 months. Adjust any amount that was received weekly, biweekly, quarterly, semiannually, or annually to show the monthly rate. Use gross amounts, that is, amounts before any deductions for taxes or otherwise.

Income source <u>S. J. Arab</u>	Average monthly amount during the past 12 months		Amount expected next month	
	You	Spouse	You	Spouse
Employment	\$ <u>N/A</u>	\$ <u>N/A</u>	\$ <u>733.00</u>	\$ <u>N/A</u>
Self-employment	\$ <u>N/A</u>	\$ <u>N/A</u>	\$ <u>733.00</u>	\$ <u>N/A</u>
Income from real property (such as rental income)	\$ <u>N/A</u>	\$ <u>N/A</u>	\$ <u>733.00</u>	\$ <u>N/A</u>

Interest and dividends	\$ N/A	\$ N/A	\$ 733.00	\$ N/A
Gifts	\$ N/A	\$ N/A	\$ 733.00	\$ N/A
Alimony	\$ N/A	\$ N/A	\$ 733.00	\$ N/A
Child support	\$ N/A	\$ N/A	\$ 733.00	\$ N/A
Retirement (such as social security, pensions, annuities, insurance)	\$ N/A	\$ N/A	\$ 733.00	\$ N/A
Disability (such as social security, insurance payments)	\$ 5,511	\$ N/A	\$ 733.00	\$ N/A
Unemployment payments	\$ N/A	\$ N/A	\$ 733.00	\$ N/A
Public-assistance (such as welfare)	\$ N/A	\$ N/A	\$ 733.00	\$ N/A
Other (specify):	\$ N/A	\$ N/A	\$ 733.00	\$ N/A
Total monthly income:	\$ 733.00	\$ N/A	\$ 733.00	\$ N/A

2. List your employment history for the past two years, most recent employer first. (Gross monthly pay is before taxes or other deductions.)

Employer	Address	Dates of employment	Gross monthly pay
S. S. & M.	2180 N. 8th St. N.W.	8/1/99 to 8/9/2016	\$ 733.00
			\$
			\$

3. List your spouse's employment history for the past two years, most recent employer first. (Gross monthly pay is before taxes or other deductions.)

Employer	Address	Dates of employment	Gross monthly pay
N/A	N/A	N/A	\$ N/A
			\$
			\$

4. How much cash do you and your spouse have? \$ 733.00 per mto

Below, state any money you or your spouse have in bank accounts or in any other financial institution.

Financial Institution	Type of Account	Amount you have	Amount your spouse has
<i>Comm. Bank, Inc.</i>	<i>checking</i>	\$ <i>733.00</i>	\$ <i>N/A</i>
		\$	\$
		\$	\$

If you are a prisoner seeking to appeal a judgment in a civil action or proceeding, you must attach a statement certified by the appropriate institutional officer showing all receipts, expenditures, and balances during the last six months in your institutional accounts. If you have multiple accounts, perhaps because you have been in multiple institutions, attach one certified statement of each account.

5. List the assets, and their values, which you own or your spouse owns. Do not list clothing and ordinary household furnishings.

Home	Other real estate	Motor vehicle #1
(Value) \$ <i>N/A</i>	(Value) \$ <i>N/A</i>	(Value) \$ <i>N/A</i>
		Make and year:
		Model:
		Registration #:

Motor vehicle #2	Other assets	Other assets
(Value) \$ <i>N/A</i>	(Value) \$ <i>N/A</i>	(Value) \$ <i>N/A</i>
Make and year:		
Model:		
Registration #:		

6. State every person, business, or organization owing you or your spouse money, and the amount owed.

Person owing you or your spouse money	Amount owed to you	Amount owed to your spouse
J. S. Adams	\$ 733.00 per mo	\$ N/A
	\$	\$
	\$	\$
	\$	\$

7. State the persons who rely on you or your spouse for support.

Name [or, if a minor (i.e., underage), initials only]	Relationship	Age
N/A	N/A	N/A

8. Estimate the average monthly expenses of you and your family. Show separately the amounts paid by your spouse. Adjust any payments that are made weekly, biweekly, quarterly, semiannually, or annually to show the monthly rate.

	You	Your Spouse
Rent or home-mortgage payment (including lot rented for mobile home)	\$	\$
Are real estate taxes included? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
Is property insurance included? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		
Utilities (electricity, heating fuel, water, sewer, and telephone)	\$ paper	\$ N/A
Home maintenance (repairs and upkeep)	\$ Bailey Tax	\$ N/A
Food	\$ 5.50	\$ N/A
Clothing	\$ 5.50	\$ N/A
Laundry and dry-cleaning	\$ 5.50	\$ N/A
Medical and dental expenses	\$ max 1980 + mortgage	\$ N/A

Transportation (not including motor vehicle payments)	\$ <i>metro bus</i>	\$ <i>N/A</i>
Recreation, entertainment, newspapers, magazines, etc.	\$ <i>N/A</i>	\$ <i>N/A</i>
Insurance (not deducted from wages or included in mortgage payments) <i>d.o. R.P.</i>		
Homeowner's or renter's:	\$ <i>renter</i>	\$ <i>N/A</i>
Life:	\$ <i>N/A</i>	\$ <i>N/A</i>
Health:	\$ <i>meta + d.o. + major</i>	\$ <i>N/A</i>
Motor vehicle:	\$ <i>metro bus</i>	\$ <i>N/A</i>
Other:	\$ <i>N/A</i>	\$ <i>N/A</i>
Taxes (not deducted from wages or included in mortgage payments) (specify):	\$ <i>N/A</i>	\$ <i>N/A</i>
Installment payments		
Motor Vehicle:	\$ <i>metro bus</i>	\$ <i>N/A</i>
Credit card (name):	\$ <i>N/A</i>	\$ <i>N/A</i>
Department store (name):	\$ <i>N/A</i>	\$ <i>N/A</i>
Other:	\$ <i>N/A</i>	\$ <i>N/A</i>
Alimony, maintenance, and support paid to others	\$ <i>N/A</i>	\$ <i>N/A</i>
Regular expenses for operation of business, profession, or farm (attach detailed statement)	\$ <i>N/A</i>	\$ <i>N/A</i>
Other (specify):	\$ <i>N/A</i>	\$ <i>N/A</i>
Total monthly expenses:	\$ <i>0933.00</i>	\$ <i>0 N/A</i>

9. Do you expect any major changes to your monthly income or expenses or in your assets or liabilities during the next 12 months?

☐ Yes

☒ No

If yes, describe on an attached sheet.

10. Have you spent — or will you be spending — any money for expenses or attorney fees in connection with this lawsuit? ☐ Yes ☒ No

If yes, how much? \$ _____

11. Provide any other information that will help explain why you cannot pay the docket fees for your appeal. *That because I am pro se, that I am unable to pre-pay the 12.5 cost in fees for the filing of the foregoing affidavit, that I am unable to give written to the court.*
12. Identify the city and state of your legal residence.
City W.D.C. State D.C.
Your daytime phone number: 12021788-6432
Your age: 70 Your years of schooling: 12th. + beyond
Last four digits of your social-security number: 7958

Mr. Tyrone Hurt
422 Chesapeake St. SE Apt. 33
Washington, DC 20032



1202/288-6682
6682
all phone

To: Clark to the Club
Child to go to
United States District Court
For the District of Columbia
At 40 Centre Street
Room 612
New York, N.Y.
10007-1801

USMA
SDNY

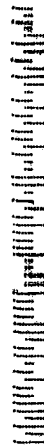
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**United States Court of Appeals for the Second Circuit
Thurgood Marshall U.S. Courthouse
40 Foley Square
New York, NY 10007**

ROBERT A. KATZMANN
CHIEF JUDGE

Date: October 4, 2016
Short Title: Hurt v. Trump et al.

CATHERINE O'HAGAN WOLFE
CLERK OF COURT

DC Court: SDNY 16-cv-7088

NOTICE OF UNDER FRAP 4(d) OF TRANSFERRED NOTICE OF APPEAL

The attached Pro se Notice of Appeal and Motion for IFP which was first received in our court on October 3, 2016 and mistakenly sent to the U.S. Court of Appeals for the Second Circuit under FRAP 4(d).

The date the notice was received has been stamped and it is now transmitted for filing with the district court. If a timely notice has been filed already, refiling is not necessary.

Inquiries regarding this case may be directed to 212-857-8500.

